Application											Docke: N	umbe:
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 INFAME A INFA											
2	- · · · · · · · · · · · · · · · · · · ·	1 <u>/0/5</u> 07320										
		CLAIMS	D - PART I				SMALL	ENTITY		OTH	ER THAN	
ŀ	TOTAL CLAU	46	(Colu	(Column 1) (Column 2)				TYPE		0	F SMAL	L ENTITY
1	TOTAL CLAIR	VIS	3	3/				RAT	Fee		RATE	
Ľ	FOR			NUMBER FILED NUMBER EXTRA				BASIC F	εε	0	BASIC FE	
Ľ	TOTAL CHARG	34	34minus 20= 1				XS 9=			XS16=	1750	
INDEPENDENT CLAIMS			14	4 minus 3 = '				X43=		\dashv	1 400	180%
~	IULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT						- OF	`	1000
•	If the differen	L	-145=		OF		290					
											TOTAL	
OTHER THE												
⋖		CLAIMS REMAINING		HIGHE		PRESENT			ADDI-	7		ADDI-
E		AFTER AMENDMENT	.	PREVIOU PAID FO		EXTRA		RATE	TIONA	L	RATE	TIONAL FEE
AMENDMENT	Total .	. 33	Minus	- 3	1	E		XS 9=		OR	XS18=	
ME	Independent		Minus				<u> </u>	X43=	-	┪ ̄	X86=	
	FIRST PRES	ENTATION OF M	MULTIPLE DI	EPENDENTIC	LAIM		 		 	-IOR		
10							L	• 145ª	<u> </u>	OR	+290=	
$\Im /$	2111						OIT. FEE		JOR	TOTAL ADDIT. FEE		
4	70/0/	(Column 1)	1	(Column		(Column 3)				,		
<u>-</u>		REMAINING		PREVIOUS	R	PRESENT EXTRA	1,	RATE	ADDI- TIONAL		RATE/	ADDI- TIONAL
		AMENDMENT	<u> </u>	PAIQ FO			L		FEE			FEE
AMENDMENT	Total	· / D	Minus	- 24	1	= / .	,	KS 9= .	1	OF	X\$18=	1
AME	Incependent	1 1	Minus			=		K43=		OR	X86=	
_	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT CL	AIM		上	145=		107		
<u>.</u>									/	OB	+290=	
							ADD	TOTAL IT. FEE	·.	OR ,	TOTAL ODIT FEE	
-		(Column 1)	,	(Column		Column 3)						į
2		CLAIMS REMAINING	1 .	HIGHEST NUMBER		PRESENT			ADDI-	Γ		ADDI-
		AFTER AMENDMENT		PREVIOUS		EXTRA	R	ATE	TIONAL FEE	1	RATE	TIONAL FEE
	Total	•	Minus	**			X	5 9=			X\$18=	- 22
	ndependent	•	Minus	***	1		-			OR		——
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X	43=		OR _	X86=	
+145=									j,	OR .	+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.										_ ∟	TOTAL	
-#	ine "Highest Nur	mber Previously Pa ber Previously Paid	id For' IN THIS	SPACE is less	than :	noter '3 '		T. FEE L		AL	ODIT. FEE L	
_		,	• • • • • • • • • • • • • • • • • •			g	J., G 1/1	me appi	wpriote our	m1 CDW(146 1.	I